## ARIZONA DEPARTMENT OF HEALTH SERVICES

## OFFICE OF CHILD CARE LICENSING

http://www.azdhs.gov/als/childcare/index.htm

## CHILD CARE GROUP HOME ADDITION OR MODIFICATION REQUEST TO AMEND CERTIFICATE

Pursuant to R9-3-204.B. At least <u>30 days before</u> the date of an intended change in a child care group home's <u>space utilization or certified capacity</u>, a certificate holder shall submit a written request for approval of the change to the Department.

Pursuant to R9-3-204.E. At least <u>30 days before</u> the date of a change in <u>service classification</u>, a certificate holder shall send the Department written notice of the change.

Pursuant to R9-3-204.D., A certificate holder shall not implement any change until the Department approves the request and, if necessary, issues an amended certificate.

## **CHILD CARE GROUP HOME ADDITION OR MODIFICATION REQUEST**

Certificate Holder Name			Group Hon	Group Home Phone				
Name of Group Home, if applicable				SGH #				
Street Addres	SAddress		City	/	AZ. State	Zip		
Mailing Addre	SSAddress		City	1	State	Zip		
Contact Phon	e #		FAX#					
THIS SUBM	ITTAL REPRESENTS:	□ b. A space util	apacity change red ization change req a service classificat	uest.				
A narrative d	lescription of the intende	ed change:						
		rmit, send a copy	of the building p	ermit.	•			
	Indoor Floor Plan and			owing information a	s applic	cable.		
If requesting	g a change in Certified							
	the total squa	re footage of the in	door activity areas	used for child care_				
	the total squa	re footage of the or	utdoor activity area	used for child care_				
If requesting	g a change in space u	tilization that affe	cts individual roo	ms, indicate:				
	Room Name	Squ	are Footage of Ro	oom				
If requesting	g a change of services	provided, indica	te:					
FULL DAY PART DAY EVENING ( INFANT CA	CARE  NIGHTTIME CARE  RE OLD CHILD CARE	Y Y Y Y	N N N N N					
I will be resp	oonsible for making sure	e that all single use	areas, i.e. kitchen	s, are in compliance	with rule	es and statutes		
SIGNATURE	<u> </u>		DATE SUBMIT	TED				
	PPROPRIATE OFFICE: CARE LICENSING	OFFICE OF CHILD CARE L	ICENSING	OFFICE OF CHILD CARE LICE	NSING			
	AVENUE, SUITE 400	400 WEST CONGRESS, SL TUCSON, ARIZONA 85701		1500 EAST CEDAR AVENUE, S FLAGSTAFF, ARIZONA 86004				

SGH	#		

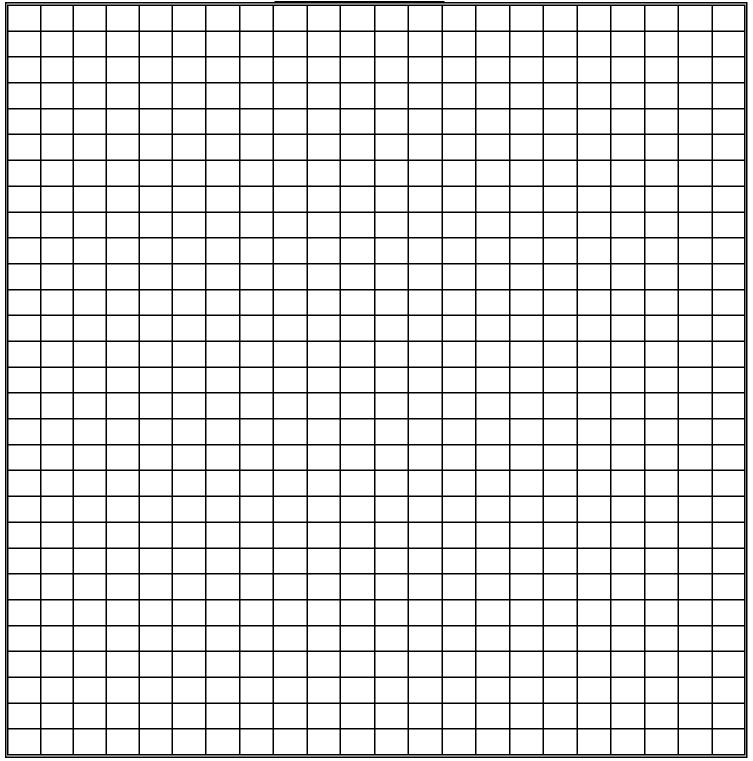
# **INDOOR FLOOR PLAN**

### **Indoor Floor Plan** - indicate the following:

- 1. The location and dimensions of each room with indication of rooms designated to be used and not to be used for child care services, (30 square feet required per child):
- 2. The location of each exit from the residence; (two exits required)
- 3. The location of each sink and toilet to be used by enrolled children;
- 4. The location of each smoke or heat detector in the residence;
- 5. The location of each fire extinguisher in the residence;
- 6. The location of each telephone in the residence.

Child Care Group Home drawings submitted for evaluation will not be accepted unless accompanied by all required information as outlined below each drawing.

## **OUTDOOR SITE PLAN**



## Outdoor Site Plan - indicate the following:

- 1. The location and dimensions of the outdoor activity area;
- 2. The height of the fence around the outdoor activity area;3. The location of each exit from the outdoor activity area;
- 4. The location of the residential building;
- 5. The location of each swimming pool;
- 6. The location of the fence around each swimming pool;
- 7. The height of the fence around each swimming pool;
- 8. The location and dimensions of any other building or structure at the residence.